STUDENT COURSE COGNITIVE AND SKILLS PERFORMANCE EVALUATION FORMS

Station II: Airway and Ventilatory Management

Faculty: (Qualified ATLS Instructor)	Time: (Four 50-minute rotations
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Instructions: Indicate your response to the student's overall skills performance according to essential requirements for this station and the guidelines outlined in Section II, Chapter 5, Cognitive and Skills Performance Requirements and Evaluation. Please include written comments if student's rating/status is incomplete/remedial.

Rating:	S = Successful	IRM = Incomplete/Remedial	<pre>IP = Instructor Potentia</pre>

GROUP AND STUDENT'S NAME		RATING AND COMMENTS
A-1	□ s □ IRM	☐ IP
A-2	□s □ IRM	☐ IP
A-3	□s □ IRM	☐ IP
A-4	□s □ IRM	☐ IP
B-5	□s □ IRM	☐ IP
B-6	□s □ IRM	☐ IP
B-7	□s □ IRM	☐ IP
B-8	□s □ IRM	☐ IP
C-9	□s □ IRM	☐ IP
C-10	□ s □ IRM	☐ IP
C-11	□s □ IRM	□ IP
C-12	□s □ IRM	☐ IP
D-13	□s □ IRM	☐ IP
D-14	□s □ IRM	☐ IP
D-15	□s □ IRM	☐ IP
D-16	□s □ IRM	☐ IP

STUDENT COURSE COGNITIVE AND SKILLS PERFORMANCE EVALUATION FORMS

Station IV: Shock Assessment and Management

Faculty: (Qualified ATLS Instructor)

Time: (Four 50-minute rotations)

Instructions: Indicate your response to the student's **overall** skills performance according to essential requirements for this station and the guidelines outlined in Section II, Chapter 5, Cognitive and Skills Performance Requirements and Evaluation. Please include written comments if student's rating/status is incomplete/remedial.

Rating: S = Successful IRM = Incomplete/Remedial IP = Instructor Potential

GROUP AND STUDENT'S NAME		RATING AND COMMENTS
B-5	□ s □ IRM	☐ IP
B-6	□ s □ IRM	☐ IP
B-7	□ s □ IRM	☐ IP
B-8	□s □ IRM	☐ IP
C-9	□s □ IRM	☐ IP
C-10	□s □ IRM	☐ IP
C-11	□s □ IRM	☐ IP
C-12	□s □ IRM	☐ IP
D-13	□s □ IRM	☐ IP
D-14	□s □ IRM	☐ IP
D-15	□s □ IRM	☐ IP
D-16	□s □ IRM	☐ IP
A-1	□s □ IRM	☐ IP
A-2	□s □ IRM	☐ IP
A-3	□s □ IRM	☐ IP
A-4	□s □ IRM	□ IP

STUDENT COURSE COGNITIVE AND SKILLS PERFORMANCE EVALUATION FORMS

Station VI: X-ray Identification of Thoracic Injuries

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Time: (Four 50-minute rotations)

Instructions: Indicate your response to the student's overall skills performance according to essential requirements for this station and the guidelines outlined in Section II, Chapter 5, Cognitive and Skills Performance Requirements and Evaluation. Please include written comments if student's rating/status is incomplete/remedial.

Rating:	S =	Successful

IRM = Incomplete/Remedial

IP = Instructor Potential

GROUP AND STUDENT'S NAME		RATING AND COMMENTS
C-9	□ s □ IRM	☐ IP
C-10	□ s □ IRM	☐ IP
C-11	□ s □ IRM	☐ IP
C-12	□ s □ IRM	☐ IP
D-13	□ s □ IRM	☐ IP
D-14	□ s □ IRM	☐ IP
D-15	□ s □ IRM	☐ IP
D-16	□ s □ IRM	☐ IP
A-1	□ s □ IRM	☐ IP
A-2	□ s □ IRM	☐ IP
A-3	□ s □ IRM	☐ IP
A-4	□ s □ IRM	☐ IP
B-5	□s □ IRM	☐ IP
B-6	□s □ IRM	☐ IP
B-7	□s □ IRM	☐ IP
B-8	□ s □ IRM	☐ IP